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BIRTHS, DEATHS AND INFANT MORTALITY IN FORTY-TWO LARGE CITIES OF THE WORLD DURING 1931

Birthrates in 1931

Facts on births and deaths for the year 1931 in forty-two of the world's large cities are now available. In 24 of the cities the birthrate declined more than 5 per cent. in 1931, as compared with 1930. In only two of the cities,* namely, Glasgow and Rio de Janeiro, was there any increase at all in the birthrate. The ten large German cities all showed declines of more than 10 per cent. in live births in 1931 over 1930. In Berlin, the birthrate last year reached the low figure of 8.7 per 1,000, the smallest figure for any of the German cities having a population of 500,000 and over, and one of the lowest birthrates for any city in the world. The 1931 birthrate in Berlin was the lowest in the history of that city and may be compared with rates of 11.2, 17.5, and 11.4 per 1,000 prevailing in Berlin during 1925, 1920, and 1915, respectively. In Dresden and Frankfort, the birthrate fell below 10 per 1,000 for the first time in the peace-time history of these two cities.

Every one of the fourteen large American cities recorded a drop in the birthrate during 1931. The decline was 22 per cent. in Boston and 17 per cent. in Detroit. The only large United States city with a birthrate over 20 per thousand was Pittsburgh, and there, the rate declined more than 6 per cent. from the 1930 figure.

Deathrates in 1931

A favorable record was registered for mortality during 1931 in these world cities. All the German cities had either a substantially lower deathrate in 1931 than in 1930, or else a stationary deathrate. In Breslau and Frankfort, the decline in mortality during 1931 was

*Bombay showed an increase of 6.6 per cent. in the birthrate during 1931, but was excluded from comparison because of the known incompleteness of birth reporting.

greater than 10 per cent. Munich, Leipzig and Dresden had declines of between 5 and 10 per cent. The Berlin deathrate was unchanged.

Among fourteen of our American cities, slight increases in the deathrate were observed for five cities; and decreases for six, with Detroit and Milwaukee leading. How much of the decline in mortality, as well as in the number of births in Detroit, was due to the emigration of persons by reason of prevailing unemployment conditions is not known. The deathrate in New York City showed a very small increase during 1931 (less than 1 per cent.). In four out of six of the large cities in Great Britain, the deathrate rose at least 5 per cent. during 1931. In Liverpool, the increase was 10.2 per cent. and in the civilian population of London, the 1931 rate was 8.8 per cent. in excess of that for 1930. Amsterdam and Rotterdam showed substantial increases in mortality also (7.0 per cent. for the first and 15.4 per cent for the second city). Both the birthrate and the deathrate in Stockholm remained stationary during 1931. Increasing crude deathrates may be expected in European cities from now on, in view of the shifting of the populations into the older age groups.

Infant Mortality in 1931

Infant mortality increased significantly during 1931 in the six large British cities. The increase in Liverpool amounted to 14.8 per cent.; in Birmingham, to 12.9 per cent., and in London, to 10.2 per cent. In six of the ten large German cities, the infant mortality rate declined, and in the remaining four cities there were slight increases. Six of the fourteen American cities registered increases in infant mortality during 1931, five recorded decreases, and in three large American cities the infant mortality rate was stationary. The greatest increase in infant mortality among the large American cities occurred in St. Louis (11.1 per cent.) and this was closely paralleled by the Baltimore record, an increase of 10.8 per cent. Detroit showed the largest decrease in infant mortality for the fourteen leading American cities (12.3 per cent.). The world cities with very low infant mortality rates during 1931 were: Amsterdam (34 infant deaths under one year per 1,000 live births); Stockholm (41 per 1,000); San Francisco (42 per 1,000); Sydney, Australia (45 per 1,000) and Rotterdam (48 per 1,000).

The comparative facts are shown in the table on page 3.

World economic conditions during 1931 affected chiefly the birthrate; and this may be a side effect of prevailing world conditions

Birth, Death, and Infant Mortality Rates for Principal Cities of the World Having Populations of 500,000 or More. 1928 to 1931

City	Births per 1,000 Population					Deaths per 1,000 Population					Deaths Under 1 Year of Age per 1,000 Live Births				
	1931	1930	1929	1928	% inc. (+) or dec. (—) 1931-1930	1931	1930	1929	1928	% inc. (+) or dec. (—) 1931-1930	1931	1930	1929	1928	% inc. (+) or dec. (—) 1931-1930
United States															
Baltimore	18.0	18.6	18.7	20.0	— 3.2	14.2	13.9	14.5	15.0	+ 2.2	72	65	73	82	+10.8
Boston	18.0	23.1	23.1	24.2	—22.1	13.8	14.1	15.0	14.9	— 2.1	70	69	69	77	+ 1.4
Buffalo	18.5†	20.1	20.6	21.5	— 8.0	12.4‡	12.9	13.9	13.7	— 3.9	66	67	66	74	— 1.5
Chicago	15.3	17.1	17.7	18.1	—10.5	10.4	10.4	11.2	12.1	0	56	54	60	64	+ 3.7
Cleveland	17.8	19.8	19.6	20.3	—10.1	11.0	11.0	12.2	11.8	0	53	55	61	60	— 3.6
Detroit	17.3	20.8	22.3	22.2	—16.8	8.2	9.3	10.9	10.9	—11.8	57	65	69	77	—12.3
Los Angeles	13.3	14.3	14.5	15.7	— 7.0	10.8	11.2	11.4	12.1	— 3.6	58	61	65	66	— 4.9
Milwaukee	18.3	20.0	20.9	21.3	— 8.5	9.0	9.6	10.7	11.0	— 6.3	56	58	75	71	— 3.5
New York	16.3	17.6	18.1	18.8	— 7.4	10.9	10.8	11.3	11.7	+ 0.9	57	57	59	65	0
Philadelphia	17.0	18.3	18.1	19.1	— 7.1	11.9‡	12.5	13.0	13.9	— 4.8	59	59	62	71	0
Pittsburgh	20.9	22.3	22.1	23.2	— 6.3	14.0	13.9	14.5	15.5	+ 0.7	72	69	74	75	+ 4.3
St. Louis	17.3	17.6	18.3	18.2	— 1.7	14.6	13.9	14.5	14.9	+ 5.0	60	54	59	63	+11.1
San Francisco	11.8	12.3	12.3	13.3	— 4.1	13.0	13.0	13.0	13.5	0	42	40	50	46	+ 5.0
Washington, D. C.	19.0	19.2	18.4	18.7	— 1.0	15.8	15.2	15.4	15.1	+ 3.9	71	71	71	65	0
Canada															
Montreal	25.8	26.5	26.6	26.8	— 2.6	12.2	13.8	14.8	15.8	—11.6	112	125	132	144	—10.4
Toronto	20.6	22.0	21.3	21.6	— 6.4	10.8	11.3	11.8	11.8	— 4.4	71	75	80	73	— 5.3
Great Britain															
Birmingham	17.1	17.8	17.5	18.1	— 3.9	11.4	10.8	13.4	10.9	+ 5.6	70	62	79	65	+12.9
Glasgow	21.1	20.1	19.6	20.6	+ 5.0	14.2	13.3	15.3	13.7	+ 6.8	104	101	107	107	+ 3.0
Liverpool	21.6	21.7	21.6	21.9	— 0.5	14.0	12.7	14.8	12.8	+10.2	93	81	95	92	+14.8
London*	15.0	15.7	15.7	15.9	— 4.5	12.4	11.4	13.8	11.6	+ 8.8	65	59	70	67	+10.2
Manchester	16.0	17.2	17.3	17.2	— 7.0	13.4	12.8	15.3	12.9	+ 4.7	83	78	96	90	+ 6.4
Sheffield	15.0	15.1	15.5	16.1	— 0.7	11.0	10.6	12.8	11.3	+ 3.8	70	66	87	73	+ 6.1
Australia															
Sydney and suburbs	16.3	18.6	21.5	§	—12.4	9.1	9.1	11.8	§	0	45	50	55	§	—10.0
Brazil															
Rio de Janeiro	20.8	20.5	21.4	§	+ 1.5	14.4	14.3	14.8	§	+ 0.7	158	161	157	§	— 1.9
Denmark															
Copenhagen	15.0	15.5	15.3	16.2	— 3.2	11.7	11.6	11.7	11.6	+ 0.9	51	71	64	59	—28.2
France															
Paris	14.4	14.7	14.8	15.0	— 2.0	13.7	13.3	15.1	13.8	+ 3.0	82	88	99	96	— 6.8
Germany															
Berlin	8.7	9.9	10.0	9.8	—12.1	11.2	11.2	12.5	11.3	0	69	74	86	78	— 6.8
Breslau	12.0	15.3	15.8	14.7	—21.6	11.5	13.1	14.3	12.5	—12.2	92	95	116	105	— 3.2
Cologne	13.2	15.3	16.1	15.8	—13.7	10.0	10.3	12.2	10.4	— 2.9	85	83	101	88	+ 2.4
Dortmund	14.8	17.4	17.3	18.5	—14.9	9.6	9.9	11.5	9.9	— 3.0	99	97	115	91	+ 2.1
Dresden	9.5	13.0	13.2	11.4	—26.9	10.8	11.5	13.2	10.7	— 6.1	61	64	85	85	— 4.7
Essen a. R.	15.0	17.0	17.6	17.8	—11.8	9.1	9.1	10.7	9.4	0	90	98	111	100	— 8.2
Frankfort a. M.	9.9	12.2	12.4	12.0	—18.9	9.3	10.5	11.4	9.5	—11.4	52	51	63	65	+ 2.0
Hamburg	11.4	13.5	13.5	12.7	—15.6	10.8	11.3	12.3	10.6	— 4.4	72	73	76	78	— 1.4
Leipzig	10.6	13.2	14.1	12.9	—19.7	10.5	11.2	13.1	10.9	— 6.3	89	87	117	101	+ 2.3
Munich	10.8	13.9	13.9	12.4	—22.3	11.6	12.5	13.5	11.4	— 7.2	78	80	86	79	— 2.5
Hungary															
Budapest	16.3	16.9	17.0	17.4	— 3.6	12.7	11.9	13.6	12.9	+ 6.7	93	84	101	94	+10.7
India															
Bombay†	20.9	19.6	18.5	18.4	+ 6.6	19.3	21.2	20.4	21.0	— 9.0	272	290	299	311	— 6.2
Madras	40.5	48.5	43.7	§	—16.5	35.5	43.2	42.1	§	—17.8	245	244	254	§	+ 0.4
Netherlands															
Amsterdam	16.7	17.5	17.8	18.3	— 4.6	9.2	8.6	10.2	9.0	+ 7.0	34	37	43	43	— 8.1
Rotterdam	19.7	20.4	20.0	20.8	— 3.4	9.0	7.8	9.5	8.5	+15.4	48	41	49	39	+17.1
Sweden															
Stockholm	10.8	10.8	10.2	10.9	0	11.4	11.4	11.8	11.3	0	41	46	46	50	—10.9

*Civilian population. †Registration of births incomplete. ‡Exclusive of Institutional Districts. §Data not available.

upon the marriage rate. The extent to which declining marriages in 1930 and 1931 affected first births, the crude birthrates, and infant mortality rates, in 1931, cannot as yet be determined from the figures at hand. Deathrates and infant mortality rates have not shown, as yet, any definite effect of the economic situation.

SMALLPOX IN THE UNITED STATES AND CANADA, 1931

Reports from 43 states, the District of Columbia, and 8 Canadian provinces indicate a decided decrease in the prevalence of smallpox in these areas during the year 1931. The case-fatality rate, however, showed no appreciable reduction.

The two tables that follow show the number of cases, deaths, and case-fatality rates that prevailed in a number of American states and Canadian provinces and in groups of cities within these areas:

Smallpox Cases, Deaths and Case-Fatality Rates, Years 1929-1931, for 43 States, District of Columbia, and 8 Canadian Provinces

Area	1931			1930			1929		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canada	26,869	93	.35	44,977	160	.36	40,033	127	.32
United States (43 States and District of Columbia)	26,004	91	.35	43,694	158	.36	38,048	120	.32
Canada (8 Provinces)	865	2	.23	1,283	2	.16	1,985	7	.35

Smallpox Cases, Deaths and Case-Fatality Rates, for the Years 1929-1931, for 626 United States Cities and 85 Canadian Cities

Area	1931			1930			1929		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canadian Cities (711)	7,946	13	.16	11,972	24	.20	11,414	33	.29
United States Cities (626)	7,470	13	.17	11,637	24	.21	10,705	32	.30
Canadian Cities (85)	476	0	0	335	0	0	709	1	.14

The total number of cases, it will be noted, declined from 44,977, in 1930, to 26,869, in 1931. In the United States alone, the drop was from 43,694 cases to 26,004, and in Canada, from 1,283 to 865. The case-fatality rate, however, was not appreciably reduced except in the urban centers of the United States, where the rate recorded for a group of 626 cities was only .17 per hundred cases, as compared with .21 in 1930. In 85 Canadian cities, there have been no deaths from smallpox during the past two years, and only one fatal case was reported in 1929.

Lest we become too complacent over these figures, it is well to realize that, of the 26,004 cases of smallpox reported in 43 states last year, at least 86 per cent., or 22,413 cases, occurred in but 19 states, lying chiefly in the north central and western sections of the country. Two states—Kansas and South Dakota—reported more than one case per thousand of population, and three others—Indiana, Iowa and Vermont—just barely missed that ratio. Indiana, alone, recorded more than three thousand cases; Iowa and Kansas, well over two thousand each, and Illinois, Ohio, Oklahoma and Texas, very close to that number.

Selected States and Canadian Provinces Showing Above-Average Prevalence of Smallpox During the Year 1931

Area	Cases	Cases per 100,000 Population
Total 19 States	22,413	46
Arkansas	760	40
California	1,524	25
Idaho	127	28
Illinois	1,766	22
Indiana	3,050	93
Iowa	2,225	89
Kansas	2,529	133
Louisiana	633	29
Montana	129	24
North Dakota	417	60
Ohio	1,767	26
Oklahoma	1,968	80
Oregon	785	80
South Dakota	754	107
Tennessee	662	24
Texas	1,819	30
Vermont	327	90
Washington	1,112	69
Wyoming	59	25
Canada		
Saskatchewan	568	62

Prevalence of Smallpox in States Bordering the Atlantic Ocean (Including the District of Columbia) During the Year 1931

States	Cases	Cases per 100,000 Population
Total 15 States and District of Columbia	1,063	2
Maine	1	*
New Hampshire	5	1
Massachusetts	6	*
Rhode Island	0	0
Connecticut	96	5
New York	461	3
New Jersey	9	*
Pennsylvania	10	*
Delaware	0	0
District of Columbia	0	0
Maryland	1	*
Virginia	124	5
North Carolina	63	1
South Carolina	84	4
Georgia	176	6
Florida	27	1

*Less than .5 cases per 100,000 population.

The states just mentioned are, by and large, those in which there is not general acceptance of the value of vaccination and revaccination as preventive measures against smallpox. To appreciate fully the significance of the figures cited above, it is necessary merely to compare them with those of a group of 15 states in which vaccination is the general practice, namely, the states along the Atlantic Seaboard. The population of these 15 states is approximately that of the first group of 19, that is 48,900,000 against 48,711,000. And yet there were only 1,063 smallpox cases reported in these Atlantic Coast States as against 22,413 in the central and western group. The case-incidence rate in these Eastern Seaboard States is only two per 100,000, as against 46 per 100,000 in the central and western group. Comparing the three Pacific Coast States with those on the Atlantic Seaboard, it is found that there were reported more than three times as many cases of smallpox (3,421) in the former area as in the latter (1,063), although the population of the Pacific States is only one-sixth that of the Atlantic States. In fact, there were more smallpox cases (1,112) in the single State of Washington, with a population of but 1,589,000, than occurred among the 48,900,000 inhabitants of the whole Atlantic Coast.

These findings reflect the fuller appreciation and more general acceptance of vaccination as a preventive against smallpox among the population of the Eastern Seaboard. If, for example, the same conditions had existed in the Atlantic Coast area as prevailed to cause the high case-rate of 133 per 100,000 in Kansas, there would have occurred over 65,000 cases of smallpox in these states instead of the 1,063 cases actually recorded.

Selected Cities in the United States and Canada Showing High Prevalence of Smallpox in 1931

City	Cases	Cases per 100,000 Population
United States:		
Helena, Ark.	85	1,035
Modesto, Calif.	65	451
Vallejo, Calif.	78	550
Granite City, Ill.	77	292
Moline, Ill.	88	271
Rockford, Ill.	198	224
Anderson, Ind.	152	371
Hammond, Ind.	72	106
Indianapolis, Ind.	343	93
Kokomo, Ind.	225	678
Logansport, Ind.	54	298
Muncie, Ind.	278	582
Wabash, Ind.	76	873
Burlington, Iowa	218	805
Council Bluffs, Iowa	289	676
Davenport, Iowa	251	410
Des Moines, Iowa	296	205
Mason City, Iowa	76	321
Waterloo, Iowa	251*	529
Arkansas City, Kan.	48	336
Fort Scott, Kan.	128	1,188
Muskegon, Mich.	51	122
Jackson, Miss.	49	95
Jefferson, Mo.	200†	891
Lincoln, Neb.	76	97
Omaha, Neb.	432	199
Lima, Ohio	288	679
Oklahoma City, Okla.	192	98
Portland, Ore.	266	87
Sioux Falls, S. Dak.	71	207
Chattanooga, Tenn.	93	73
Fort Worth, Texas	129	76
Bennington, Vt.	74	998
Spokane, Wash.	185	158
Yakima, Wash.	68	302
Canada		
Moose Jaw, Sask.	366	865

*Fiscal year ending March 31, 1931. †Approximate.

The table on page 7 shows the number of cases and the case-rate per 100,000 for each of a number of cities in which the disease was especially prevalent during 1931.

It is hard to realize that in this day, with our knowledge of the ease with which smallpox can be controlled, there are communities like Helena, Arkansas; Fort Scott, Kansas, and Bennington, Vermont, where one out of every hundred of the population has been infected with smallpox during a single year. What this means can best be understood by supposing the same case-rate that was reported for Fort Scott, Kansas, to have prevailed in the City of New York. In that case, there would have occurred in 1931 at least 85,000 cases of smallpox in New York. Actually only one case was reported in the Metropolis during that year.

NON-FATAL INJURIES IN THE HOME

One-half of the non-fatal, disabling injuries cared for by visiting nursing associations in this country last year arose out of activities in the home. Forty-five per cent. of these disabling injuries, furthermore, resulted from activity in public, outside the home and outside of gainful employment. Only 5 per cent. were chargeable to the activity of earning a living.

Falls accounted for 43 per cent. of non-fatal home injuries, and among the leading elements of hazard were falls on or down stairways, falls on floors, from balconies and porches and over or from chairs. The stepladder accounted for nearly 2 per cent. of the home injuries reported. Out of 2,317 falls, only 19 occurred in bathtubs. This seems to acquit the bathtub of the blame which has been attached to it recently as a source of domestic injury. The student of domestic hazards may do well to concentrate attention on the unsafe stairway, the slippery floor, the skidding rug and the shaky stepladder.

Burns accounted for more than one-quarter of the home injuries requiring nursing care, and here the chief agencies seemed to be the steaming kettle, the washboiler and stoves and grates. Cuts from knives, and wounds from ice picks, accounted for 15 per cent. of the domestic injuries. Machinery around the home was no inconsiderable agency of injury; last year sundry domestic machines accounted for 3 per cent. of the injuries. Cats and dogs accounted for 36 injuries serious enough to require nursing care. While these injuries by animals were less than one per cent. of the total arising in home activities, the number is sufficient to suggest that these pets

give rise to a considerable toll of injury in this country each year. Seventeen of these 36 animal injuries occurred among children under fifteen years of age.

In the following table, we present a digest of the home injury facts reported by the nurses of 58 visiting nurse associations:

Agencies of Injury in the Home
Visiting Nurse Association Experience in 1931

Agency	Number of Injuries	Per Cent. of Total
All Injuries in the Home	5,340	100.0
Falls—Total	2,317	43.4
Balcony; porch	117	2.2
Chair	117	2.2
Floor	267	5.0
Ladder	81	1.5
Stairways	965	18.1
Other agencies of falling	770	14.4
Burns—Total	1,401	26.2
Stoves; grates	229	4.3
Hot fluids; steam	749	14.1
Hot objects	136	2.5
Matches	45	.8
Corrosive substances	33	.6
Other burning agencies	209	3.9
Cutting or piercing instruments	781	14.6
Machinery	155	2.9
Animals	36	.7
Firearms	23	.4
Other agencies	627	11.8

HEALTH RECORD FOR APRIL, 1932

The lowest mortality rate ever recorded, for the month of April, among the industrial populations of the United States and Canada was that registered this year. The figure is 9.6 deaths per 1,000 living, which may be compared with 9.8 in April of last year, and with 10.4 in March of this year. Health conditions during the latter part of April were particularly favorable. The deathrates quoted above were observed among the many millions of Industrial policyholders of the Metropolitan Life Insurance Company in the United States and Canada.

With one-third of 1932 behind us, it is obvious that depression and unemployment have not yet made any inroads upon the health of the people. The year-to-date deathrate for the January-April

period (9.4 per 1,000) shows this conclusively; for it is lower than ever previously registered for the like part of any year. Furthermore, the mortality is below that of any other year in all sections of the United States, and in Canada.

The more detailed aspects of the health record of the winter and early spring of 1932 are as follows. There have been sharp declines in the mortality from such important diseases as influenza, tuberculosis and pneumonia. From these three diseases alone there have been 2,938 fewer deaths in this insured group, in the first four months of 1932, than would have occurred if the much higher deathrates of the like part of 1931 had prevailed. There have been, also, slight reductions this year in deaths from cerebral hemorrhage, organic heart disease, chronic nephritis, accidents and automobile fatalities, as well as from several diseases of lesser numerical importance. The prevailing low cumulative rate of 97.1 per 100,000 for pneumonia has never before been even closely approached during the like period of any year. In 1931, for example, it was 126.5; in 1930, 117.2, and in 1929, 154.6. The influenza deathrate is down 31 per cent. and that for tuberculosis 10 per cent. in a single year. The reductions for heart disease and automobile fatalities, although small, are of unusual interest. For, if they are still in evidence at the end of 1932, they will mark breaks in an almost continuously rising deathrate for these causes of death over a long series of years.

The cancer situation, as in 1931, is the black spot in the year's health record. For many years, it is true, there has been a rising tendency in the cancer mortality rate. Up to 1931, however, the increase from year to year had been relatively small—even though persistent; but last year the rise amounted to 7.4 per cent.; and this year, to date, there has been a further rise of 6.8 per cent.

The deathrate in the general population of the large cities of the United States in April was 12.5 per 1,000 estimated population, as compared with 13.6 in March and 12.9 in April, 1931. The diseases which showed increased prevalence in April were measles, poliomyelitis and smallpox. Those for which fewer cases were reported were diphtheria, influenza, scarlet fever and typhoid fever. Comparison with April, 1931, shows more sickness from influenza, scarlet fever and typhoid fever with a lower incidence of diphtheria, measles, poliomyelitis and smallpox.

The following table shows the mortality among Industrial policyholders for April, 1932; March, 1932, and April, 1931, together with the cumulative rate for the first four months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes Premium-Paying Business in Industrial Department (Annual Basis)

MONTHS OF APRIL, 1932; MARCH, 1932, AND APRIL, 1931

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	Apr. 1932	Mar. 1932	Apr. 1931	Cumulative Jan.-April 1932	Cumulative Jan.-April 1931
TOTAL—ALL CAUSES	957.8	1,043.5	977.3	943.3	1,009.2
Typhoid fever	.6	.9	.9	1.2	1.1
Measles	2.4	3.6	5.9	2.7	4.3
Scarlet fever	4.7	4.9	4.2	4.0	4.1
Whooping cough	4.9	4.6	2.8	4.0	3.8
Diphtheria	4.5	4.1	3.0	5.3	5.2
Influenza	37.1	43.6	33.1	30.6	44.2
Tuberculosis (All forms)	78.7	76.9	80.6	74.4	82.7
Tuberculosis of resp'y system	68.9	69.0	70.2	66.1	73.5
Cancer	90.1	93.2	82.9	90.0	84.3
Diabetes mellitus	25.2	27.6	23.0	24.7	24.2
Cerebral hemorrhage	66.2	77.6	68.9	68.2	68.4
Organic diseases of heart	169.3	188.7	168.8	169.9	172.4
Pneumonia (All forms)	97.6	123.7	111.2	97.1	126.5
Other respiratory diseases	10.3	13.3	13.4	11.4	13.9
Diarrhea and enteritis	8.5	7.5	9.4	8.2	10.2
Bright's Disease (Chronic nephritis)	73.5	78.9	73.8	74.3	74.9
Puerperal state	10.3	11.3	13.3	11.1	12.3
Suicides	11.7	9.4	11.3	10.3	9.6
Homicides	5.9	6.3	6.0	6.3	6.5
Other external causes (excluding suicides and homicides)	49.8	50.8	53.5	50.2	52.9
Traumatism by automobiles	16.0	15.8	18.5	17.8	18.4
All other causes	206.2	216.5	211.1	199.4	207.7

*All figures in this table include insured infants under one year of age. The rates for 1932 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

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STATISTICAL BULLETIN,
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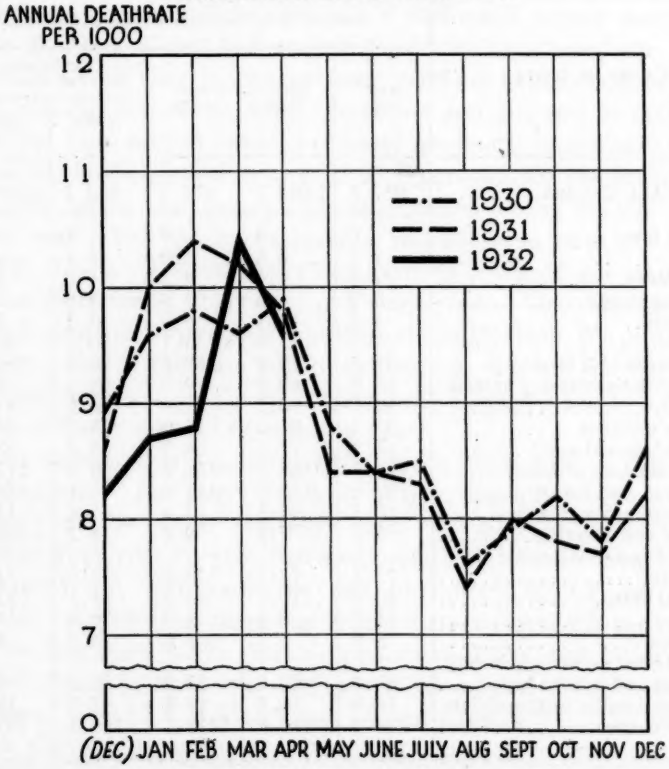
DEATHRATES
FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO.
INDUSTRIAL DEPARTMENT



1930	9.6	9.8	9.6	9.9	8.8	8.4	8.5	7.6	7.9	8.2	7.8	8.6
1931	10.0	10.4	10.2	9.8	8.4	8.4	8.3	7.4	8.0	7.8	7.7	8.2
1932*	8.7	8.8	10.4	9.6								

* *Rates for 1932 are provisional*

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